

Minnesota Probate Intake Form

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DECEDENT INFORMATION

Decedent

Spouse(s)

Note: Complete the following information for the spouse(s) who predeceased the decedent, as well as the surviving spouse. If a spouse has passed away, please provide death certificate. Please provide complete names. **If marriage ended in divorce, provide name only.**

Spouse #1			
Address			
City	State	ZIP	
Date of Birth	Date of Death		
Spouse #2			
Address			
City	State	ZIP	
Date of Birth	Date of Death		
Spouse #3			
Address			
City	State	ZIP	
Date of Birth	Date of Death		



Heir(s)

Note: Please provide complete names.

Name		
Address		
City	State ZIP	
Relationship to Decedent	Date of Birth	
Name		
Address		
City	State ZIP	
Relationship to Decedent	Date of Birth	
Decedent		
••		
Name		
Address		
City	State ZIP	
Relationship to Decedent	Date of Birth	
Name		
Address		
City	State ZIP	
Relationship to Decedent	Date of Birth	
Name		
Address		
City	State ZIP	
Relationship to Decedent	Date of Birth	

Check here if there are additional heirs. Please list them in the "Notes" section on page 8.

Will Information

Is there a Will? If yes, date of Will:	Yes.	🗌 No.
Is there a Codicil? If yes, date of Codicil:	Yes.	🗌 No.
Does the Will refer to a separate writing regarding disposition of personal property?	Yes.	🗌 No.
If yes, is such separate writing available?	Yes.	🗌 No.
Was there a safe deposit box? If yes, please list location:	Yes.	No.

Personal Representative(s)

Who is the nominated Personal Representative(s)? If there is no Will, who will be serving as Personal Representative?

	Name	Relationship	to decedent
Personal Rep. #1			
Address			
City	State	ZIP	
Phone	(Home)		
Phone	(Work)		
Phone	(Mobile)		
Email			
	Name	Relationship	to decedent
Personal Rep. #2 (optional)			
Personal Rep. #2 (optional) Address			
(optional)	State	ZIP	
(optional) Address	(Home)		
(optional) Address City			
(optional) Address City Phone	(Home)		



FINANCIAL INFORMATION

A financial inventory is needed to determine which assets require probate to be re-titled, and to determine which type of procedure is best used (formal or informal probate or affidavit of collection). Please list beneficiaries, pay-on death and transfer-on death designations.

Assets

Savings & Checking Accounts	List owner and any POD	Estimated Value on Date of Death
(Financial Institution)		\$
		\$
		\$
		\$
Certificates of Deposit	List owner and any POD	
(Financial Institution)		\$
		\$
		\$
		\$
ife Insurance & Annuities	List owner and any beneficiaries	
(Financial Institution)		\$
		\$
		\$
		\$
stocks, Bonds & Mutual Funds	List owner and any beneficiaries	i
(Financial Institution)		\$
		\$
		\$
		\$
Real Estate – Deeds	List owner and any TOD	
		\$
		\$
		\$
		\$

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Assets (cont.)

alified Retirement Plans A, 401K, 403B, SEP)	List beneficiaries	Estimated Value on Date of Death
(Financial Institution)		\$
		\$
		\$
		\$

Personal Property

(approximate value, list any valuable art, collectibles, or automobiles separately) List beneficiaries

	\$
	\$
	\$
	\$

Liabilities

	Description	Value
Creditor #1		\$
Creditor #2		\$
Creditor #3		\$
Creditor #4		\$
Creditor #5		\$
		¢

TOTAL LIABILITIES \$

Summary of Assets/Indebtedness

Probate Assets

	Value
Homestead	\$
Other Real Estate	\$
Cash	\$
Securities	\$
Other	\$
TOTAL	\$

Non-Probate Assets

	Value
Joint Tenancy	\$
Insurance	\$
Other	\$
TOTAL	\$

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EMPLOYMENT INFORMATION

Employment Status

Decedent's employment status on date of death:

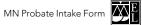
Employed

Unemployed

Retired

If employed, please complete:

Employer Name	
Position	



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NOTES





Stillwater Office

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Hudson Office

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